

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the linesAmerican Association of Physician Specialists, Inc. Politician Action Committee
(AAPSPAG)

ADDRESS (number and street)

2296 Henderson Mill Road

Suite 206

☐ Check if different
than previously
reported. (ACC)

Atlanta

GA

30345

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00331017

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report(Q1)
- ☒ July 15
Quarterly Report(Q2)
- ☐ October 15
Quarterly Report(Q3)
- ☐ January 31
Quarterly Report(YE)
- ☐ July 31 Mid-Year
Report(Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2006

through

06

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Stephen A. Montes, D.O.

Signature of Treasurer

Electronically Filed by Stephen A. Montes, D.O.

Date

07

14

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Association of Physician Specialists, Inc. Politician Action Committee
(AAPSPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		53119.97
(b) Cash on Hand at Beginning of Reporting Period	51070.74	
(c) Total Receipts (from Line 19)	150.00	370.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	51220.74	53489.97
7. Total Disbursements (from Line 31)	1804.78	4074.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	49415.96	49415.96
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	3000.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Association of Physician Specialists, Inc. Politician Action Committee
(AAPSPAC)

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	100.00	100.00
(i) Itemized (use Schedule A)	50.00	270.00
(ii) Unitemized	150.00	370.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	.00	.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs) .....	.00	.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	150.00	370.00
12. Transfers From Affiliated/Other Party Committees .....	.00	.00
13. All Loans Received .....	.00	.00
14. Loan Repayments Received .....	.00	.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	.00	.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	.00	.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	.00	.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	.00	.00
(b) Levin Funds (from Schedule H5) .....	.00	.00
(c) Total Transfer (add 18(a) and 18(b)).	.00	.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	150.00	370.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	150.00	370.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		.00	.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		.00	.00
(b) Other Federal Operating Expenditures.....		1304.78	1514.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		1304.78	1514.01
22. Transfers to Affiliated/Other Party Committees.....		.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		.00	2000.00
24. Independent Expenditure (use Schedule E) .....		.00	.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		.00	.00
26. Loan Repayments Made.....		.00	.00
27. Loans Made.....		.00	.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		.00	.00
(b) Political Party Committees .....		.00	.00
(c) Other Political Committees (such as PACs) .....		.00	.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		.00	.00
29. Other Disbursements.....		500.00	560.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		.00	.00
(ii) "Levin" Share .....		.00	.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		.00	.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		.00	.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		1804.78	4074.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		1804.78	4074.01

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	150.00	370.00
34. Total Contribution Refunds (from Line 28(d)) .....	.00	.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	150.00	370.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1304.78	1514.01
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	.00	.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1304.78	1514.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Physician Specialists, Inc. Politician Action Committee
(AAPSPAC)

A. Full Name (Last, First, Middle Initial) Franklin Harrison		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 6	
Mailing Address 209 Crossroads Plaza Suite 140		Transaction ID: SA11Ai-CN2013	
City State Zip Code Mount Vernon IL 62864	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Physician		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Franklin Harrison		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 6	
Mailing Address 209 Crossroads Plaza Suite 140		Transaction ID: SA11Ai-CN2014	
City State Zip Code Mount Vernon IL 62864	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Physician		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

100.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 11

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists, Inc. Politician Action Committee
(AAPSPAC)

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address P. O. Box 53852

City
Phoenix

State
AZ

Zip Code
85072

Purpose of Disbursement
Other (Enter Description)

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2006

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21b-EX430

Date of Disbursement

04 / 04 / 2006

Amount of Each Disbursement this Period

5.00

Merchant Fees

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address P. O. Box 53852

City
Phoenix

State
AZ

Zip Code
85072

Purpose of Disbursement
Other (Enter Description)

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2006

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21b-EX432

Date of Disbursement

05 / 03 / 2006

Amount of Each Disbursement this Period

5.00

Administrative/Salary/Ove-
rhead Expenses

Full Name (Last, First, Middle Initial)

C. Trailblazer Campaign Services

Mailing Address 5115 Excelsior Blvd
Suite 103

City
Minneapolis

State
MN

Zip Code
55416

Purpose of Disbursement
Professional Services

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2006

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21b-EX431

Date of Disbursement

05 / 09 / 2006

Amount of Each Disbursement this Period

1200.00

Administrative/Salary/Ove-
rhead Expenses

SUBTOTAL of Disbursements This Page (optional)

1210.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 11

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists, Inc. Politician Action Committee
(AAPSPAC)

Full Name (Last, First, Middle Initial)

A. Global Payments

Mailing Address 10705 Red Run Blvd

City State Zip Code
Monkton MD 21111

Purpose of Disbursement
Other (Enter Description)

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB21b-EX429

Date of Disbursement

04 / 04 / 2006

Amount of Each Disbursement this Period

47.39

Merchant Fees

B. Global Payments

Mailing Address 10705 Red Run Blvd

City State Zip Code
Monkton MD 21111

Purpose of Disbursement
Other (Enter Description)

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB21b-EX433

Date of Disbursement

05 / 02 / 2006

Amount of Each Disbursement this Period

47.39

Administrative/Salary/Ove-
rhead Expenses

SUBTOTAL of Disbursements This Page (optional)

94.78

TOTAL This Period (last page this line number only)

1304.78

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists, Inc. Politician Action Committee
(AAPSPAC)

Full Name (Last, First, Middle Initial)

A. Rod Smith for Governor

Mailing Address P.O. Box 203

City
Alachua

State
FL

Zip Code
32616

Purpose of Disbursement
Political Contributions

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21b-EX434

Date of Disbursement

MM / DD / YYYY
06 / 07 / 2006

Amount of Each Disbursement this Period

500.00

Political Contributions

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 10 / 11

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

American Association of Physician Specialists, Inc. Politician Action Committee
(AAPSPAC)**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Ron Klein CampaignNature of Debt (Purpose):
Invoice: Political Contr-
ibutionsMailing Address 3333 South Congress Avenue
Suite 305ACity State ZIP Code
Delray Beach FL 33445

Outstanding Balance Beginning This Period

500.00

Transaction ID: SD10-INV116

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Skip Campbell CampaignNature of Debt (Purpose):
Invoice: Political Contr-
ibutions

Mailing Address 10094 McNab Road

City State ZIP Code
Fort Lauderdale FL 33321

Outstanding Balance Beginning This Period

500.00

Transaction ID: SD10-INV119

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Jim King CampaignNature of Debt (Purpose):
Invoice: Campaign Contrib-
utions Politica

Mailing Address 1914 Tyty Court

City State ZIP Code
Tallahassee FL 32308

Outstanding Balance Beginning This Period

500.00

Transaction ID: SD10-INV107

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

500.00

1) SUBTOTALS This Period This Page (optional).....

1500.00

2) TOTALS This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 11 / 11

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

American Association of Physician Specialists, Inc. Politician Action Committee
(AAPSPAC)
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 Friends Of Lane Evans

Nature of Debt (Purpose):
 Invoice: Friend Of Lane
 Evans House 17 (

Mailing Address PO Box 5263

 City State ZIP Code
 Rock Island IL 61204

Outstanding Balance Beginning This Period

1500.00

Transaction ID: SD10-INV124

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

1500.00

1) **SUBTOTALS** This Period This Page (optional).....

1500.00

2) **TOTALS** This Period (last page this line number only).....

3000.00

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)